

Associate (or higher) Degree Option

Institutions of higher education, both four and two year institutions, grant several different types of associate degrees. All associate degrees will fulfill the Title I Paraeducator requirement for an associate (or higher) degree.

1. U.S. Colleges and/or Universities

- Verify college credits from official (or a copy of official) transcript(s).
- Complete ***Record of Verification of NCLB Title I Paraeducator Requirements***. (See Data Collection and Recordkeeping Section)

2. Foreign Colleges/Universities

(An associate or higher degree will be accepted based on a translated and evaluated transcript)

- To validate degrees from a foreign college, the foreign transcript must be translated and evaluated for equivalency to U.S. standards by a credentials evaluation service.
- The evaluation must determine whether an equivalent of a U.S. associate degree or higher degree was completed.
- Upon verification complete the ***Record of Verification of NCLB Title I Paraeducator Requirements***.

CREDENTIALS EVALUATION SERVICES

**AMERICAN ASSOCIATION OF COLLEGIATE
REGISTRARS AND ADMISSIONS OFFICERS**
1 Dupont Circle, NW, Suite 520
Washington, DC 20036-1135

Phone: (202) 296-3359
Fax: (202) 822-3940
Email: oies@aacrao.org
Web: www.aacrao.org/credential

EDUCATION CREDENTIALS EVALUATORS
PO Box 514070
Milwaukee, WI 53203-3470

Phone: (414) 289-3400
Fax: (414) 289-3411
Email: eval@ece.org
Web: www.ece.org

**FOUNDATION FOR INTERNATIONAL
SERVICES INC.**
21540 30th Drive SE, Suite 320
Bothell, WA 98021-7008

Phone: (425) 487-2245
Fax: (425) 487-2245
Email: info@fis-web.com
Web: www.fis-web.com

**INTERNATIONAL CONSULTANTS INC.
OF DELAWARE**
625 Barksdale Road, Suite 109
Newark, DE 19711-3258

Phone: (302) 737-8715
Fax: (302) 737-8756
Email: icd@icdel.com
Web: www.egfns.org/cgfns/icd

**INTERNATIONAL EDUCATION
RESEARCH FOUNDATION**
PO Box 3665
Culver City, CA 90231-3665

Phone: (310) 258-9451
Fax: (310) 342-7086
Email: info@ierf.org
Web: www.ierf.org

**JOSEF SILNY & ASSOCIATES INC.
INTERNATIONAL EDUCATION CONSULTANTS**
7101 SW 102 Avenue
Miami, FL 33171

Phone: (305) 273-1616
Fax: (305) 273-1338
Email: info@jsilny.com
Web: www.jsilny.com

WORLD EDUCATION SERVICES INC.
PO Box 745
Old Chelsea Station
New York, NY 10113-0745

Phone: (212) 966-6311 or
(800) 937-3895
Fax: (212) 739-6100
Email: info@wes.org
Web: www.wes.org

VERIFICATION OF SECTION 101(a) OF THE HIGHER EDUCATION ACT (HEA) CRITERIA DEFINING INSTITUTION OF HIGHER EDUCATION

| | | |
|--|----------------------|---------------|
| NAME OF PARAEducATOR (LAST, FIRST, MIDDLE) | MAIDEN IF APPLICABLE | DATE OF BIRTH |
|--|----------------------|---------------|

The above named person is submitting credits on a transcript from your institution to meet the No Child Left Behind (NCLB) federal law related to the Paraeducator Title I requirement of "two years of study at an institution of higher education". In order for their credits to be accepted from your institution, verification of Section 101(a) of the Higher Education Act's five criteria defining an "institution of higher education" must be verified.

Please complete this verification form by checking the appropriate box by each criteria and filing in the blank spaces as indicated. **To be valid, this form must be signed by the institution's president or designee.** A stamped signature must be initialed by the person using the stamp.

Return this form to the Personnel Office at:

| |
|-------------------------|
| NAME OF SCHOOL DISTRICT |
| ADDRESS |
| CITY/STATE/ZIP |

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. This institution admits as regular students only persons having a certificate of graduation from a school providing secondary education, or the recognized equivalent of such a certificate; |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. This institution is legally authorized within the State of _____ <div style="text-align: right; margin-right: 50px;">Name of State</div> to provide a program of education beyond secondary education; |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. This institution provides an educational program for which the institution awards a bachelor's degree or provides not less than a two-year program that is acceptable for full credit toward such a degree; |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. This institution is a public or other non-profit institution; |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. This institution is accredited by a nationally recognized accrediting agency or association, or if not so accredited, is an institution that has been granted pre-accreditation by such an agency or association that has been recognized by the Secretary for the granting of pre-accreditation status, and the Secretary has determined that there is a satisfactory assurance that the institution will meet the accreditation standards of such an agency or association within a reasonable time. |

Name of accrediting agency:

| | |
|--------------------|-----------|
| COLLEGE/UNIVERSITY | DATE |
| ADDRESS | TELEPHONE |
| CITY/STATE/ZIP | E-MAIL |

 Name (Printed)

 Title

By signing this form I attest that the above information is true and accurate to the best of my knowledge.

Signature _____